## **INSTRUCTIONS FOR FORM DR 1079**

Use Form DR 1079 to remit Colorado tax withheld on transfers of real property interests. The determination of the amount to be withheld, if any, will be made on form DR 1083.

The amount of the withholding tax remitted will be credited to the Colorado income tax account of the transferor as an estimated payment. The transferor must claim credit for the payment on the Colorado income tax return. For this reason it is extremely important that a separate form DR 1079 is completed for each transferor who will be required to file a

Colorado income tax return, and that the correct social security number (for individuals) or Colorado account number (for other business entities) is listed on each form.

Send Form DR 1079, remittance for the tax withheld and Form DR 1083 to the Colorado Department of Revenue, Denver, CO 80261-0008, within 30 days of the date of closing. Write the social security number or Colorado account number and the transferor's name on the check.

For Privacy Act Notice, see FYI General 2.

2007 COLORADO FORM DR 1079	_		OR'S COPY		70
Payment of Withho Claim as an estimated tax c			Colorado Real Property	/ Inte	rest Transfers
Name of Transferor	realt of the Goldrado in		ecurity number or Colorado account number		
Spouse's name (if applicable) or fiduciary			Federal employer I.D. number or spouse's Social Security number		
Address  City, State, ZIP				AMOUNT OF PAYMENT (08)	
Oity, State, ZIF				\$	_ 00
	▲ KEEP ABOVE P	PORTI	ON FOR YOUR RECORDS A		
3	Detach here	e and r	eturn lower portion only.		
2007 COLORADO FORM DR 1079  Transferor is (check one):  (14) ☐ Individual (24) ☐ Corporation (34) ☐ Estate or Trust  The State may convert your check to a one transaction. Your bank account may be debiday received by the State. If converted, your check is rejected due to inst funds, the Department of Revenue may coll directly from your banking account electronic				d as early heck will icient or u t the payr	7 as the same not be incollected
Payment of Wit	hholding Tax on C	ertair	Colorado Real Property Int	erest	Transfers
Name of Transferor		Social Se	curity number or Colorado account number		
Spouse's name (if applicable) or fiduciary		Federal employer I.D. number or spouse's Social Security number			
Address  City, State, ZIP					MOUNT OF PAYMENT
DO NOT WRITE IN SPACE BELOW				\$	• 00